

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/POOL/CLK	5. VIDEO RECORDED INCIDENT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	11-NOV-2016	04:55:00	1333 N CLEVELAND AVE [REDACTED] CHICAGO, IL	289	1821	<input type="checkbox"/> 01 SWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
SUBJECT INFORMATION	6. POSITION	7. LAST NAME	8. FIRST NAME	9. STAR NO.	10. SEX	11. RACE CODE	12. AGE	13. HT.	14. WT.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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	15. DATE OF APPT.	16. EMPLOYEE NO.	17. UNIT & BEAT OF ASSIGNMENT	18. DUTY STATUS	19. MEMBER INJURED?	20. MEMBER IN UNIFORM?																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	01-MAY-2013	[REDACTED]	018 1821R	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	21. LAST NAME	22. FIRST NAME	23. M.I.	24. SEX	25. RACE	26. D.O.B.	27. HT.	28. WT.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	JONES	PIERRE	[REDACTED]	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	23-NOV-1963	604	180																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	29. ADDRESS 1444 N CLYBOURN AVE CHICAGO, IL 60610	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? HANDS/FEET	32. SUBJECT INJURED BY MEMBER?	33. SUBJECT ALLEGED INJURY BY MEMBER?																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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	34. IF SUBJECT INJURED, DESCRIBE INJURY	<input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED?																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	36. BY WHOM?	37. CONDITION		<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	<input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
38. CHARGES PLACED	39. CR. NO.		40. CR. NO.	41. CR. NO.	42. CR. NO.	43. CR. NO.	44. CR. NO.	45. CR. NO.	46. CR. NO.	47. CR. NO.	48. CR. NO.	49. CR. NO.	50. CR. NO.	51. CR. NO.	52. CR. NO.	53. CR. NO.	54. CR. NO.	55. CR. NO.	56. CR. NO.	57. CR. NO.	58. CR. NO.	59. CR. NO.	60. CR. NO.	61. CR. NO.	62. CR. NO.	63. CR. NO.	64. CR. NO.	65. CR. NO.	66. CR. NO.	67. CR. NO.	68. CR. NO.	69. CR. NO.	70. CR. NO.	71. CR. NO.	72. CR. NO.	73. CR. NO.	74. CR. NO.	75. CR. NO.	76. CR. NO.	77. CR. NO.	78. CR. NO.	79. CR. NO.	80. CR. NO.	81. CR. NO.	82. CR. NO.	83. CR. NO.	84. CR. NO.	85. CR. NO.	86. CR. NO.	87. CR. NO.	88. CR. NO.	89. CR. NO.	90. CR. NO.	91. CR. NO.	92. CR. NO.	93. CR. NO.	94. CR. NO.	95. CR. NO.	96. CR. NO.	97. CR. NO.	98. CR. NO.	99. CR. NO.	100. CR. NO.	101. CR. NO.	102. CR. NO.	103. CR. NO.	104. CR. NO.	105. CR. NO.	106. CR. NO.	107. CR. NO.	108. CR. NO.	109. CR. NO.	110. CR. NO.	111. CR. NO.	112. CR. NO.	113. CR. NO.	114. CR. NO.	115. CR. NO.	116. CR. NO.	117. CR. NO.	118. CR. 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CR. NO.	808. CR. NO.	809. CR. NO.	810. CR. NO.	811. CR. NO.	812. CR. NO.	813. CR. NO.	814. CR. NO.	815. CR. NO.	816. CR. NO.	817. CR. NO.	818. CR. NO.	819. CR. NO.	820. CR. NO.	821. CR. NO.	822. CR. NO.	823. CR. NO.	824. CR. NO.	825. CR. NO.	826. CR. NO.	827. CR. NO.	828. CR. NO.	829. CR. NO.	830. CR. NO.	831. CR. NO.	832. CR. NO.	833. CR. NO.	834. CR. NO.	835. CR. NO.	836. CR. NO.	837. CR. NO.	838. CR. NO.	839. CR. NO.	840. CR. NO.	841. CR. NO.	842. CR. NO.	843. CR. NO.	844. CR. NO.	845. CR. NO.	846. CR. NO.	847. CR. NO.	848. CR. NO.	849. CR. NO.	850. CR. NO.	851. CR. NO.	852. CR. NO.	853. CR. NO.	854. CR. NO.	855. CR. NO.	856. CR. NO.	857. CR. NO.	858. CR. NO.	859. CR. NO.	860. CR. NO.	861. CR. NO.	862. CR. NO.	863. CR. NO.	864. CR. NO.	865. CR. NO.	866. CR. NO.	867. CR. NO.	868. CR. NO.	869. CR. NO.	870. CR. NO.	871. CR. NO.	872. CR. NO.	873. CR. NO.	874. CR. NO.	875. CR. NO.	876. CR. NO.	877. CR. NO.	878. CR. NO.	879. CR. NO.	880. CR. NO.	881. CR. NO.	882. CR. NO.	883. CR. NO.	884

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE</p> <p>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC</p> <p>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC</p> <p>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>		
	<p>78. ADDITIONAL INFORMATION SUBJECT BEGAN TO CUT MY FACE WITH HIS LONG FINGER NAILS AFTER THE EMERGENCY TAKEDOWN</p>		
SIGNATURES	<p>79. REPORTING MEMBER (Print Name) ARCHULETA, RAYMOND L 11-NOV-2016 09:15:42</p>	<p>STAR/EMPLOYEE NO. 19887</p>	<p>SIGNATURE</p>
	<p>Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.</p>		
	<p>80. REVIEWING SUPERVISOR (Print Name) EITEL, LISA A</p>	<p>STAR NO. 2075</p>	<p>SIGNATURE</p>
			<p>DATE REVIEWED TIME 11-NOV-2016 09:29:44</p>

163161759

TS. EVENT NO.

HZ510861

78. R.D. NO.

LOG # 1082952
Attachment # 9

SUBJECT
INFORMATION

40. CHARGES PLACED

720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/21-5-A, 720 ILCS
5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

DNA

LOG # 1082082
Attachment # 9

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL; (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL; (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY; (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY; (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (D) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject taken directly to IL Masonic Hospital

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Officer Archuleta was attacked by the offender and suffered scratches to face as he and his partner attempted to subdue the offender. The R/Lt has determined that further investigation is necessary.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN 603-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082952 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SCHMEER, PAULA C

B6 TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:
 - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME
11-NOV-2016 11:37:21